

### **REMARKS**

Claims 1-38 are presently pending in the application. Claims 1-2, 4-6, 8-10, 13-16, 18-19, 21-23, 25, 27-30, and 33-37 are initially rejected as anticipated under § 102(b) in view of Sherman et al. Claims 1-38 are initially rejected as obvious under § 103(a). Claims 14 and 15 are objected to for certain informalities.

### **CLAIM OBJECTIONS**

Claims 14 and 15 are listed as objected to because “said blood pump” in claim 15 has no antecedent in claim 14.

It appears that only claim 15 is objectionable. Claim 15 originally depended from claim 13- not claim 14. However, claim 15 should depend from claim 14, instead of claim 13. Claim 14 does provide antecedent basis for “said blood pump,” whereas claim 13 does not. Therefore, claim 15 is amended herein to properly depend from claim 14. Thus, removal of the Examiner’s objection to claims 14 and 15 is appropriate.

### **§ 102(b) Rejections**

Claims 1-2, 4-6, 8-10, 13-16, 18-19, 21-23, 25, 27-30, and 33-37 are initially rejected as anticipated by Sherman, et al.

All of the independent claims (1, 16, 25, and 36) have been amended herein to recite that the “enclosure” has an “attachment portion” which is attachable to the wall of the heart or blood vessel, that the end of the conduit is attached to this attachment portion of the enclosure, and that the remainder of the enclosure is separable from the attachment portion.

It is arguable whether the outer tubular member 12 in Sherman et al. is ever “attached” to the heart or blood vessel, because the sutures are not part of the “enclosure,” e.g., the “outer

tubular member 12.” Thus, at best, any attachment of the “enclosure” would be only a transient condition via the sutures as the needle component was applying them.

In any event, the amendments to the independent claims (1, 16, 25, and 36) add the three additional limitations listed above. These limitations are neither disclosed, nor inherent, nor taught, in Sherman, et al., or in any of the prior art of record, including Leahy et al. and Mollenauer et al.

Consequently, amended claims 1, 16, 25, and 36 (and hence all of the other pending claims which are dependent therefrom) are patentable over Sherman et al.

#### **§ 103(a) Rejections**

Claims 1-10, 13-30, and 32-38 are rejected as obvious over Sherman et al. in view of Leahy, et al. Claims 11-12 and 31-32-38 are rejected as obvious over Sherman et al. in view of Mollenauer, et al.

The amendments to the independent claims, as discussed above, adds the limitations that the “enclosure” has an “attachment portion” which is attachable to the wall of the heart or blood vessel, that the end of the conduit is attached to this attachment portion of the enclosure, and that the remainder of the enclosure is separable from the attachment portion.

Neither, Sherman et al., nor Leahy et al., nor Mollenauer et al. disclose or teach any of these limitations.

Therefore, all of the claims, as amended, are patentable over Sherman et al., Leahy et al., and Mollenauer et al., either individually or any combination thereof.

#### **Other Amendments**

In addition to the amendments to claim 15 (objected to) and independent claims 1, 16, 25, and 36 (discussed above), claims 4, 23 and 27 are amended, and claims 21-22 and 37 are

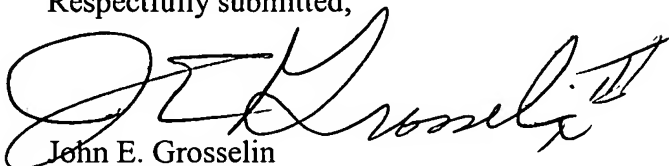
canceled, as a result of the amendments to the independent claims discussed above. Claim 38 is amended to correct a misspelling.

### **CONCLUSIONS**

For all of the reasons set forth in detail above, claims 1, 16, 25, and 36, and hence claims 2-15, 17-20, 23-24, 26-35, and 38 which depend therefrom, are patentable over all of the prior art of record.

Therefore, reconsideration and allowance of claims 1-20, 23-36, and 38, as amended, are respectfully requested.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "John E. Grosselin", is written over the typed name.

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